

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. APPLICANT(S)	FILING DATE 09/622240							
CLAIMS							*								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.		
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45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	5						TOTAL IND.								
TOTAL DEP.		5					TOTAL DEP.								
TOTAL CLAIMS							TOTAL CLAIMS								